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ABSTRACT

The Iowa Behavioral Initiative (IBI) is aimed at improving the capabilities of Iowa schools in meeting the diverse personal, social, and behavioral needs of students with behavioral disorders (BD). This report describes findings from three IBI data gathering activities: (1) historical and current (Spring 1993) statistical data on students with behavior disorders in Iowa; (2) the determination of the status of 138 students with BD returned to Iowa from out-of-state placements; and (3) a survey to determine critical issues in the field of behavioral disorders as perceived by representatives from 15 Area Education Agencies. The data indicate that the number of BD students in Iowa schools increased 43 percent from 1983 to 1993; dropout rates for BD students are 2.5 times those of the total student population; only 27 percent of the students who have BD exited by graduation; of the 138 students with BD who were returned to Iowa for the 1992-93 school year, 67 percent were enrolled in school during Spring 1993, but this dropped to 41 percent by the following Fall; critical issues in the BD field include programming for aggressive/assaultive behavior, concerns regarding subjectivity of eligibility criteria, need for enhanced interagency/parent collaboration, and suspension/expulsion concerns. Appendices contain copies of survey instruments and a list of out-of-state facilities. (JDD)

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Selected Iowa Demographic Data for Students With Behavioral Disorders and Perceived Critical Issues in Meeting the Educational Needs of These Students

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Conducted by

Mountain Plains Regional Resource Center

for the Iowa Department of Education

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Selected Iowa Demographic Data for Students With Behavioral Disorders and Perceived Critical Issues in Meeting the Educational Needs of These Students

Conducted by
Mountain Plains Regional Resource Center
for the Iowa Department of Education

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INTRODUCTION

Providing appropriate educational programs for students with behavioral disorders may be the single greatest challenge facing the field of special education today. In an effort to further address this generally held perception by professionals in special education in Iowa, in 1992 the Iowa Department of Education contracted with the Mountain Plains Regional Resource Center (MPRRC) for technical assistance in a study of Behavioral Disorders (BD) and effective programming for this population.

This Department of Education and MPRRC effort is known as the Iowa Behavioral Initiative. The Iowa Behavioral Initiative (IBI) is an ongoing effort aimed at improving the capabilities of Iowa schools in meeting the diverse personal, social and behavioral needs of students. The IBI believes that efforts aimed at improving the behavioral outcomes for students must be based on activities which include prevention and provision for multiple and early interventions.

While there is considerable anecdotal information available pointing to significant problems/challenges in the behavioral area, there is a need to gather further information on the current status of services for students with behavioral needs in Iowa.

In order to implement this initial phase of the IBI project, namely, the compilation of certain data regarding the status of students with BD in Iowa, Dr. Vernon Vance and Dr. Paul Vance, retired Special Education professionals, were contracted by the MPRRC to gather this data. Specifically, three data gathering activities were implemented. They were:

- the collection and analysis of historical and current statistical data on students with BD in Iowa (Spring 1993)
- the determination of the status of 138 students with BD returned to Iowa from out-of-state placements (Spring & Fall of 1993)
- a survey to determine the critical issues in the field of Behavioral Disorders as perceived by representatives from each of the 15 Area Education Agencies in Iowa (Teleconferences-Spring of 1993)

What follows in this document is a discussion of these three data gathering activities.

HISTORICAL AND CURRENT DATA
IOWA BEHAVIORAL DISORDERED STUDENTS

Introduction

Iowa's special education information collection system has accumulated considerable statistical data over the years on all disability areas. Implementation of the Iowa Behavioral Initiative (IBI) created a need to collect and analyze selected data on the Behavior Disordered (BD) student population for the purpose of determining trends and making comparisons.

Procedures

Historical and current data on Iowa's BD student population were gathered from the Iowa Department of Education, Bureau of Special Education. Selected data on other disability areas were also gathered where comparisons with the BD population were desired. Drop-out data on Iowa's Grades 7-12 student population were provided by the Department of Education, Office of Educational Services for Children, Families and Communities. Data were put in table format to determine trends and to make comparisons between the BD student population and other general and disability student populations.

Findings

Table 1 shows the comparative growth of the Mental Disabilities (MD), Learning Disabilities (LD) and Behavior Disordered (BD) student populations in Iowa from the years 1983 to 1992. During this ten year period there was a 43% increase in identified and served students with BD while there was a 26% increase in students with LD and a 2% decrease in students with MD identified and served. These figures include a proportional distribution of special education students classified as "non-categorical" (NC) for the year 1992.

Table 2 shows that there has been a 40% increase in the number of students with BD identified (weighted) as "severe" between 1988 and 1992 and Table 3 shows a 15% increase in students identified (weighted) as "moderate." These data show a significantly smaller increase in the number of students with moderate and severe BD identified during the last two years. (Data were not available for the "mild" BD population due to complications created by the "non-categorical" (NC) classification being used by a number of school districts and Area Education Agencies.)

Table 1

Comparison of Increase/Decrease in Identified and Served Students With MD, LD and BD 1983 to 1992

Category	1983	1992	# Increase	% Increase
MD	10,968	10,797	-171	-2%
LD	21,158	26,597	5,439	26%
BD	5,158	7,361	2,203	43%

Source: Part B, IDEA Count, Federal Report Document, 6-21 served; includes NCs distributed.

It should be noted that throughout this report, mild, moderate and severe are operationally defined according to the weighting system employed in Iowa in financing special education instructional programs. A weighted figure is assigned to a student based on the severity of his/her disability. Therefore mild refers to those students weighted as 1.68, moderate refers to those students weighted as 2.35 and severe refers to those students weighted as 3.52.

Table 2

Increase in Students Identified as Severely Behaviorally Disordered in Iowa 1988 to 1992

	Years					
	1988	1989	1990	1991	1992	1988-1992
Number of Students *	1,205	1,353	1,583	1,628	1,687	
Increase From Prior Year		148	230	45	59	482
Percent Increase		12.3%	17.0%	2.8%	3.6%	40%

* Weighted count

Table 3

Increase in Students Identified as Moderately Behaviorally Disordered in Iowa 1988 to 1992

	Years					
	1988	**1989**	**1990**	**1991**	**1992**	**1988-1992**
Number of Students *	1,639	1,812	1,852	1,901	1,881	
Increase From Prior Year		173	40	49	-20	242
Percent Increase		10.6%	2.2%	2.7%	-1.1%	15%

* Weighted count

Exit data in Table 4 show the number and percentage of students with MD, LD and BD who left school during the 1991-92 school year and the reasons for not continuing in school. The data provide a comparison among the three major disability classifications on the reasons for exiting school.

Table 4

Iowa
MD, LD and BD Exit Patterns
1991-92 School Year
Ages 14-21

		Reason For Exiting			
Disability	**Total Exiting**	**Dropped Out**	**Graduation**	**Reached Max. Age**	**Status Unknown**
MD	804	193 24%	576 72%	13 2%	22 3%
LD	1,696	566 33%	1,058 62%	0 0%	72 4%
BD	981	482 49%	265 27%	5 1%	229 23%

Source: Part B, IDEA Count

Forty-nine percent (49%) of the 981 students with BD who exited school during 1991-92 did so as drop-outs compared to 33% of the 1,696 students with LD and 24% of the 804 students with MD who exited. Graduation accounted for only 27% of the BD student exits but 62% of the LD and 72% of the MD exits. A "status unknown" was given to 23% of the students with BD who exited while only 3% of the students with MD and 4% of the students with LD were given this status.

Table 5 provides drop-out data for Iowa's total student population in Grades 7-12, including special education students, for the 1990-91 and 1991-92 school years along with drop-out data for students with BD. Although Table 5 compares the total Grades 7-12 population to an age grouping of 14-21 for students with BD, the similarities in grade and age groupings are such that comparisons between the two groups are considered appropriate. Drop-out rates for the BD student population for 1990-91 and 1991-92 were 5.7% and 6.8%, respectively, while drop-out rates of 2.5% and 2.3% were recorded for the Grades 7-12 total student population.

Table 5

Comparison of Iowa Total Student Drop-out Rate to BD Student Drop-out Rate

	Total Students	Number Dropped-Out	Percent Dropped Out
Grades 7-12			
1990-91	201,742	5,030	2.5%
1991-92	207,948	4,783	2.3%
BD Students Ages 14-21			
1990-91	7,107 *	407	5.7%
1991-92	7,129 *	482	6.8%

* Weighted count

Discussion

The number of students with BD served in instructional programs in Iowa schools has increased by 43% during the period between 1983 and 1993. During this same period, the number of students with LD increased by 26% and the number of students with MD served decreased by

2.0% (Table 1). The annual rate of increase in the number of identified students with severe and moderate BD has markedly declined in recent years. Increases in the number of identified students with severe needs fell from 12.3% and 17% in the years 1989 and 1990 to 2.8% and 3.6% in the years 1991 and 1992 (Table 2). The number of students with moderate needs actually decreased by 1.1% between December 1991 and December 1992 (Table 3).

Significant increases in the Iowa BD student population over the past decade may have resulted from the relatively late start by educators in identifying and fully serving this category of special education student. However, data indicate that the period of rapid growth in the number of students with BD may be over and future increases or decreases may more closely parallel total school enrollments and the ever changing socio-economic conditions which influence the number of students with special behavioral needs.

Drop-out rates for these students are approximately two and one-half times those of the total student population for Grades 7-12 (Table 5). Drop-out rates for students with BD also significantly exceed those of MD and LD student populations in Iowa. Data from the 1991-92 school year show that nearly one-half (49%) of the students with BD who exited school that year were drop-outs. Another 23% of the students with BD who exited school during 1991-92 were of a "status unknown" (Table 4). Many of the students in this "status unknown" classification probably left school with no intention of returning and, hence, might well have been counted as drop-outs.

It is of interest to note that only 27% of the students with BD exited by graduation in 1991-92 while 62% of students with LD and 72% of students with MD exited by graduation (Table 4). This comparison between the rates of graduation between students wih BD and LD/MD leads to the assumption that low academic achievement and below average intellectual functioning, characteristics which can be expected in an LD and MD student population, are not the primary contributors to the relatively lower rate of graduation for students with BD. It can be speculated that it is the behavioral characteristics that are the major factors for lower graduation rates of students with BD.

It should be of concern that the status of nearly one-fourth (23%) of the students with BD who leave school is unknown (Table 4). The fact that only 3% of the students with MD and 4% of the students with LD who exited are classified as "status unknown" may reflect not only the absence of formal follow-up procedures by the schools but, also, a lesser commitment to pursue and encourage the return to school of the student with BD who may present disruptive behaviors in the school setting.

STATUS OF 138 OUT-OF-STATE STUDENTS WITH BD RETURNED TO IOWA DURING THE 1992-93 SCHOOL YEAR

Introduction

Iowa has long had reciprocity with contiguous states for the exchange of special education students on a tuition basis. Some Iowa students cross state lines to attend day school special education programs while others are in residential facilities which either provide their own special programs or send students to nearby public schools. When Iowa students are placed in residential facilities out of state, the Iowa Department of Human Services (DHS) is nearly always involved in the approval process since this agency is usually responsible for the residential costs. With rare exception, the student's residential school district is responsible for educational costs.

Action taken in 1992 by the Iowa Legislature contributed to a significant reduction in the number of special education students placed out-of-state. At that time, the Legislature directed that a one-third reduction in the number of out-of-state placements be made over a two year period. Further, the Legislature directed that as of January, 1993, the Iowa DHS would no longer pay out-of-state residential costs that exceeded the Iowa in-state maximum of $75.11 per day per student. Out-of-state residential costs ranged between $110.00 and $160.00 per day per student. Many out-of-state facilities made decisions not to serve Iowa students for the $75.11 per day limit. Students who returned to Iowa as a result of these actions, when added to those who would have returned for other reasons, brought to 138 the total number of students with BD returning to Iowa from 1991-92 out-of-state placements.

A survey of the educational status of these 138 students returned to Iowa from 1991-92 out-of-state placements is included in the present study. Since a goal of this investigation was to gather information on the current status of students with behavioral needs in Iowa, it was felt important to isolate this select population for special attention. This seemed especially pertinent in view of the action of the Iowa Legislature described above and the implications this action might have on future services for students with BD, particularly the students with moderate and severe BD who previously had been placed in out-of-state facilities.

Procedures

Data from the Department of Education, Area Education Agencies (AEAs), and local school districts were used to verify the names, birthdays and resident school district for the 138 students with BD who returned to Iowa from 1991-92 out-of-state placements. In March of 1993 a five item survey instrument (Appendix A) was sent to selected personnel in each of the 15 AEAs for the purpose of determining the status of these students during the first year of their return from out-of-state placement (1992-93 school year).

A second survey form (Appendix B) was sent to the same AEA contact persons in the fall of 1993 for the purpose of gathering data similar to that collected on the first survey. This made possible a comparison of the educational status of the out-of-state returnees for the 1992-93 and 1993-94 school years.

Data gathered included the chronological ages, educational status and, for those not returning to school, the reason for their exit. Also, data were gathered to determine the number of students who were in state training schools and other residential facilities.

There were 15 students on the first survey who were given a "status unknown" by the school system. In an effort to determine a more specific status for these students, the Chief Juvenile Court Officers were asked to respond to a survey form (Appendix C) for each of these 15 students within his/her Juvenile District who had been given a "status unknown" by the schools.

Area Education Agencies, local school districts and the Juvenile Courts were most cooperative in the conduct of this study. There was a 100% response by school system personnel and the Chief Juvenile Court Officers to the survey instruments provided for each of the students.

Findings

Data provided by the Iowa Department of Education and verified by each AEA show that during the 1991-92 school year, 331 special education students were placed out of state in 41 different facilities (Appendix F). Of these, 247 or 75% were students with BD. In January of the 1992-93 school year, only 179 special education students were placed out of state of which 120 or 67% were BD (Table 6). The 1992-93 figures represent reductions of 54% in total out-of-state placements and a 48% reduction in out-of-state BD placements.

Table 6

Special Education
Out-of-State Placements

School Year	Total Out-of-State	# BD Out-of-State	% Out-of-State Classified BD
1991-92	331	247	75%
1992-93	180	120	67%

Of the 247 students with BD placed out of state during 1991-92, 138 were returned to Iowa for the 1992-93 school year.

Table 7 shows the chronological ages (CA) of these 138 students with BD as of September 15, 1993 during the second school year back from out-of-state placement. Ages range from 12 to 21 and indicate that all 138 students were eligible, by CA, to be enrolled in Iowa public school as of September 15, 1993.

Table 7

CA Distribution
138 Iowa Students Who Were Released
From 1991-92 Out-of-State Placements
(CA as of September 15, 1993)

CA	Number
21 - 0 to 21 - 11	02
20 - 0 to 20 - 11	04
19 - 0 to 19 - 11	18
18 - 0 to 18 - 11	37
17 - 0 to 17 - 11	31
16 - 0 to 16 - 11	20
15 - 0 to 15 - 11	12
14 - 0 to 14 - 11	07
13 - 0 to 13 - 11	03
12 - 0 to 12 - 11	04
Median CA = 17 - 9	**Total.....138**

Data from the two follow-up surveys, including information received from the Juvenile Courts, are included in Table 8. These data show that 67% of the 138 students with BD who returned to Iowa from out-of-state placements were enrolled in school during the spring semester of the 1992-93 school year. Thirty-three percent (33%) had either not returned to school or had enrolled but exited by the time of the first survey. Of the 92 students remaining in school at this time, 90% were in special education programs and 10% were in regular education without a special education instructional component. Of those in special education, 74% were classified BD while 11% had been reclassified as either LD or MD.

By September of the 1993-94 school year, only 41% of the 138 subjects were enrolled in school and 96% of those enrolled were in special education instructional programs. Ninety-three percent (93%) of those receiving a special education instructional program were identified as BD and 7% as LD or MD.

Table 8

Educational Status
138 Students With BD Returned to Iowa
From 1991-92 Out-of-State Placements

Surveys	Returned to Education vs. Exited		Regular Ed. vs. Special Ed.		Disability		Weighting		
	Returned to School	Exited School	Regular	Special	BD	Other	3.52	2.35	1.68
First school year back February 1993 92-93 school year	92 (67%)	46 (33%)	9 (10%)	83 (90%)	74 (89%)	9 (11%)	Did not gather weighting data on first survey		
Second school year back October 1993 93-94 school year	56 (41%)	82 (59%)	2 (4%)	54 (96%)	50 (93%)	4 (7%)	28 (52%)	15 (28%)	11 (20%)

Male	124	(90%)
Female	14	(10%)
TOTAL	138	

Data regarding the special education weighting for each student were collected on the second survey but not on the first. By September of 1993, at the beginning of the second school year back from out-of-state placement, 52% of those in special education instructional programs carried a weighting of 3.52. Twenty-eight percent (28%) were weighted 2.35 and 20% were weighted 1.68.

Table 9 shows the reasons subjects exited school during each of the two school years being studied. Of the 46 who exited school during their first year of return, 26% had graduated with either a GED or a diploma (the type of diploma could not be determined from data gathered); 26% had dropped out; 15% had moved out of state and 33% were "status unknown." Exit data for the second year shows a consistent pattern in the reasons for not being in school.

Table 9

Status of Students With BD Not in School (Exited)
After Return to Iowa
From 1991-92 Out-of-State Placements

Surveys	Totals Exiting School	Graduated	Dropped Out	Moved Out of State	Status Unknown
February 1993 92-93 school year (First school year back)	Total - 46 100%	12 * (26%)	12 (26%)	7 (15%)	15 (33%)
October 1993 93-94 school year (Second school year back)	Total - 82 100%	22 ** (27%)	20 (24%)	11 (13%)	29 (35%)

* 5 had GEDs; 7 had other types of diplomas.
** 11 had GEDs; 11 had other types of diplomas.

Nineteen of the 56 students who were counted as "in school" in October of 1993 were in Iowa state training schools (Eldora, Toledo or Independence) or in other Iowa residential facilities which primarily serve students with BD (Table 10). All 19 were enrolled in educational programs either provided by the residential facility or by a local school district. These 19 students account for 34% of the total of 56 who were in school at the beginning of the 1993-94 school year.

Table 10

Iowa Students With BD Dismissed From 1991-92 Out-of-State Placement Who Are Now in State Schools or Residential Placements As of October 1993

Number	Current Placement
8	Eldora
1	Toledo
1	Independence MHI
1	Hillcrest - Dubuque
1	Tanager Place - Cedar Rapids
1	Allen Hospital - Mental Health Unit - Waterloo
1	Boys & Girls Home - Sioux City
1	Eastern Avenue - Davenport
1	Four Oaks - Cedar Rapids
1	Lutheran Hospital - Mental Health Unit - Des Moines
2	Youth Homes of Mid-America (YHMA) - Johnston
19	Total

Discussion

The reporting of drop-outs in this phase of the study is consistent with the reporting system of the U.S. Office of Education. Drop-outs should be interpreted as those who formally withdrew from school without completing the education program. If no information was available as to the student dropping out, he/she was included in the "status unknown" category.

Resource constraints did not permit the investigators attempting to track the students reported as "moved out of state." Consequently, it was not determined if any of these students reported in this category had actually returned to school in another state or had dropped out of school.

Had the "moved out of state" students been followed-up, it could be speculated that their exit patterns would not have been found appreciably different than those found in the students who had

not moved. Thus the percentage of the entire group in graduation, drop-outs, and status unknown would not have changed significantly.

A most disturbing observation is found in the high percentage of the 138 students whose status was "unknown" (Table 9). This would tend to indicate that there has not been an effective tracking system in place to account for school-age students terminated from out-of-state facilities. One hesitates to conclude that there is insufficient concern for attempting to provide continued services for this population of students, but such a conclusion seems almost inevitable.

Of the 138 students in this study 26 were between the chronological ages of 12 - 0 and 15 - 11 (Table 7). A question arises as to why it was necessary to send these younger students out of state. What were the characteristics of these students or other factors that precluded their being enrolled in special education programs within their resident school district or facilities within the state of Iowa?

Noteworthy is the observation that two years after returning from segregated facilities out of state, 48% of the 138 students who returned to education were in special education programs weighted 2.35 (moderate) or 1.68 (mild) (Table 8). While the data are not available on the weighting of the 138 students in this study on their initial placement out of state, it is safe to assume that a substantial number of these students would have been weighted 3.52 (severe) otherwise there is reduced probability that they would have been placed in as restrictive environment as out-of-state placements would have afforded.

In view of the above it is interesting to speculate that one or both of two conclusions can be drawn: (a) a significant number of students placed in segregated out-of-state residential facilities may not have been as severely behaviorally disordered as such placements would ordinarily dictate and/or (b) that the programs provided students with BD in their placement out of state were successful to the extent that staffing teams found them, on their return to Iowa, capable of functioning in a less restrictive special education program, e.g., a 2.35 (moderate) or a 1.68 (mild).

At the beginning of the second school year back (October, 1993) from out-of-state placement, 19 or 14% of the 138 students returned were found to be placed in state schools or other residential facilities (Table 10). This number increases to 23 students or 17% if the four students who had been at Eldora at the beginning of their first year back but were discharged prior to October of 1993 are counted. Twelve students had been adjudicated to Eldora during their first year back from out-of-state placements. This represents 9% of students with BD who had, upon their return, gotten

into serious trouble with the law, a statistic which is worth noting. It is further noted and somewhat disturbing that 34% of these students still in school during their second year back from out-of-state placements are in state training schools (Eldora, Toledo Independence) or other Iowa residential facilities. While beyond the scope of this investigation, it would interesting to compare these figures with those gathered from the BD student population in general whom had been adjudicated to state training schools but whom had been enrolled in Iowa educational programs.

As a result of this phase of the present study, the status of 138 returnees from out-of-state placements, three broad recommendations are offered:

1. Advocate/Case Manager

   An AEA or LEA advocate or case manager should be assigned to each student with BD sent out of state or enrolled in a state training school or Iowa residential facility. The primary function of the advocate or case manager would be to track the student from the time of release to assure the maximum utilization of school and community resources. The Parent-Educator Connection might also focus on these students and their families.

2. Enhanced Collaboration

   The Bureau of Special Education, Department of Education, should initiate an effort to improve collaboration among the various agencies having educational and welfare responsibilities for these students who are sent out of state or who are enrolled in state training schools or other Iowa residential facilities.

3. Follow-up Investigation

   A follow-up investigation should be undertaken to determine the factors that could be isolated which contributed to the successful reentry into school and community of those among the 138 out-of-state students who returned to Iowa during the 1992-93 school year as compared to those who were not successful. The criteria for success would be considered to be reentry into a regular or special education program in a local school district who later exited only by reason of graduation.

   One could hypothesize that among the factors contributing to successful reentry are "follow-along" services, e.g., help in the transition process from institutional placement to school and community, continuous guidance and counseling services to the student while in school, school involvement in parent education and participation, in-service training with teachers and staff with emphasis on securing teacher "acceptance" of student, and so forth.

CRITICAL ISSUES IN THE FIELD OF BEHAVIORAL DISORDERS

Introduction

Before a systematic approach to improving the capabilities of Iowa schools in meeting the diverse behavior needs of students can be undertaken, it is deemed essential that the critical issues involved be ascertained. To do this it is appropriate to determine the opinions of professionals who, day in and day out, are dealing with students' behaviors in general, and more specifically students identified as behaviorally disordered (BD).

Procedures

In December of 1992, the Directors of Special Education of each of the 15 Area Education Agencies (AEAs) in Iowa were asked to select a person or persons within their AEA to respond to a telephone survey seeking their perceptions of what constitutes the critical issues in the field of behavioral disorders in Iowa.

An eight item questionnaire was developed to elicit responses to a variety of behavioral disorders issues (Appendix D). The survey form with the eight questions to be discussed was mailed to each AEA contact person(s) in advance of the teleconference. This enabled the respondents to have time to study the questions and prepare responses that they would make during the scheduled teleconference. A follow-up telephone call was made to each AEA contact person to establish a specific date and time for the telephone conference in their AEA. The AEA contact persons were advised that they should feel free to seek input from other colleagues in advance of the teleconference or invite other professional colleagues to actually participate during the teleconferences.

The teleconference surveys were completed during a two week period in February, 1993. With their permission, participant responses to the eight questions were tape recorded. Additionally, the investigators kept written notes of responses during the teleconferences.

The number of participants ranged from one to five per AEA for a total of 28 respondents. In addition to those participating directly in the teleconferences, another 14 professionals provided input to be shared on their behalf by the participants during the teleconferences.

Representative of the expertise of the respondents to the survey, were Directors of Special Education, AEA Supervisors and Consultants for programs for BD, School Administrators (one Assistant Superintendent), Teachers of BD programs, School Psychologists, School Social Workers, and Regular Classroom Teachers.

Findings

A summary of the most frequently cited critical issues identified by the respondents in the 15 AEAs is listed below. The number in the brackets after each of the major issues indicates the number of AEAs that specified that issue as one of concern. (Example: representatives from all of the 15 AEAs cited managing and programming for aggressive assaultive behavior as a major issue.)

Critical Issues:

1. Programming for aggressive/assaultive behavior (15)
2. Concerns regarding subjectivity of eligibility criteria for BD (7)
3. Need for enhanced interagency/parent collaboration (6)
4. Suspension/expulsion concerns (6)
5. Problems arising from placing acting-out aggressive students in same programs with passive-withdrawn students (5)
6. Need for in-service training with emphasis on effective behavior management techniques (5)

In Appendix E are found complete summary statements and/or phrases (references) to each of the eight questions in the survey. The number at the end of each summary phrase indicates the number of AEAs that cited the particular issue as being of concern.

Discussion

The cooperation and active participation on the part of the AEA contact persons and their colleagues in this phase of the study was impressive. The insights into the challenges faced in special education for behavior disordered students and the perceptions expressed as to possible ways to attack concerns and problems was indicated by the number and quality of responses to the eight questions in the survey.

The reader is again referred to Appendix E where the survey questions and summary of responses are found. It is noted that in several of the questions responses are reported under the headings "multiple responses" or "single responses." This means that if essentially the same response to a question was made by more than one of the participants in the 15 AEAs it was reported as a "multiple response." Conversely if a particular response to a question was made by a participant in any of the AEAs and not repeated in any form by any other participant in any of the 15 teleconferences it was reported as a single response.

The responses to Question #1 (What do you consider to be the two or three most critical issues in the field of BD in Iowa today?) were clustered into seven categories: (a) student characteristics, (b) resource issues, (c) family issues, (d) interagency issues, (e) education and programmatic issues, (f) policy issues and (g) training issues. As previously indicated in this document, the acting-out, aggressive, violent student and how to modify and program for these behaviors was of greatest concern to survey respondents.

The following observations are pertinent:

1. The issue of suspension and expulsion still plagues education professionals in spite of efforts by the Department of Education to clarify this issue, especially as it pertains to students with BD. Concerns were expressed by respondents that in some instances students with special behavioral needs are not being referred for special education evaluation because of the different set of suspension/expulsion guidelines which accompany a student once referred. Specifically, expulsion is not a viable option for students referred for special education evaluation and subsequent placement in a program for students with BD.

2. Some respondents were reluctant to name an exemplary program for students with moderate or severe BD in their AEAs as asked for in Question #7 of the survey. However, respondents did list several components deemed essential for an effective BD program and named several school settings that incorporated those elements making for a quality educational experience for students with BD (Appendix E, Question #7 and Responses).

3. There seemed to be a consensus among respondents that the Department of Education must exert its leadership role in implementing effective staff development and in-service training opportunities in the area of BD throughout the state.

An analysis of the 150 responses to the questions in the survey precipitate certain recommendations that might be considered as the IBI project progresses. These are offered below:

1. Preservice – Training Institutions

   - Additional course content on understanding and reacting to students with behavior problems for both general and special education personnel.
   - Additional course content/practicum on the behavior management of students with aggressive/acting-out behaviors offered to special education teachers and support personnel.

2. Inservice/Staff Development

   - Sensitivity training regarding inappropriate behaviors and behavior discrepancies across settings.
   - Systematic inservice activities for both general and special educators on understanding and reacting to students with diverse behavior problems, e.g., acting out vs. passive behaviors.
   - Systematic inservice activities for special educators on the management of aggressive/assaultive/abusive/behaviors.
   - Inservice for school administrators pertaining to suspension/expulsion regulations, rules and policies as applied to special education students.

3. Demonstration Sites

   - Establish pilot projects to demonstrate successful models for prereferral intervention strategies or systemic programs (Boys Town, Dubuque Management System, etc.).

4. Products

   - Prepare and disseminate a list of in-state and out-of-state model BD programs.
   - Prepare and disseminate a handbook on successful management strategies for students with behavior problems, including crisis interventions.

5. Rules and Regulations

   - Amend rules and regulations to require the referral and comprehensive evaluation of any student being considered for expulsion (not suspension).
   - Clarify criteria for the identification and placement of students with BD to assure greater objectivity and consistency.

6. Parent/Interagency Collaboration

   - Enhance parent/school communication through training opportunities provided by parent support groups and school inservice activities.
   - Establish/identify a model or system for improving interagency collaboration for students with behavior problems (re-visit the Behavioral Disorders Steering Committee Report, August 1990).

Appendix A

Cover Letter
and
Survey Instrument for First Survey
(March 1993)

MOUNTAIN PLAINS REGIONAL RESOURCE CENTER
GLENN LATHAM, Ed. D., DIRECTOR

March 12, 1993

Dear _____,

As you are now aware, the Mountain Plains Regional Resource Center has been contracted by the Iowa Department of Education (DE) to conduct a study of students with Behavior Disorders (BD) in Iowa.

We are appreciative of your previous assistance in verifying the DE data relative to the placement of BD students in out-of-state programs. Our data indicates that ____ BD students from your AEA who were placed out-of-state during the 1991-92 school year are no longer being served in out-of-state programs.

We are now attempting to track those BD students who are no longer served out-of-state. In order to do this we are again asking for your help by completing the enclosed survey forms and returning it to us at your earliest possible convenience.

We thank you for your continued cooperation.

Sincerely,

Paul C. Vance

Vernon Vance
Vernon L. Vance

cc: Directors of Special Education
Enclosure

Utah State University
1780 North Research Parkway, Suite 112
Logan, Utah 84321
(801) 752-0238

Drake University
Des Moines, Iowa 50311-4505
(515) 271-3936

Iowa Behavioral Initiative

Out-Of-State Placement
Follow-Up

Student: _____

Resident District: _____

AEA: _____

Please complete the following items for the above student.

1. During the 1991-92 school year, this student was placed out-of-state in a (check one):
   - _____ Day school program only
   - _____ Group residential facility and special education program both provided out-of-state
   - _____ Other (specify) _____

2. If the student was in an out-of-state residential facility during 1991-92, please indicate his/her living situation upon return to Iowa (check one):
   - _____ Parents, relatives or guardians
   - _____ Family foster home
   - _____ Group foster care home
   - _____ Independent living
   - _____ State institution
   - _____ Other (specify) _____

3. Please indicate the educational program this student returned to in Iowa (check one):
   - _____ BD special education program (weighted)
   - _____ Other special education program (LD, MD, etc.)
   - _____ Regular education
   - _____ No longer attends school
   - _____ Other (specify) _____
     _____

4. Check if appropriate:

   _____ No knowledge as to what happened to this student when he/she left the out-of-state placement.

5. Any other comments regarding this student: _____

   _____

   _____

Thank you for your cooperation.

Return to:

Dr. Paul C. Vance
Mountain Plains Regional Resource Center
Drake University
2507 University
Des Moines, IA 50311

Appendix B

Cover Letter
and
Survey Instrument for Second Survey
(September 1993)

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF EDUCATION
WILLIAM L. LEPLEY, Ed.D., DIRECTOR

September 17, 1993

Dear

Last spring you provided us with information on BD students from your AEA who had returned from out-of-state placements during the 1992-93 school year. As a follow-up, we are now interested in the status of these students for the current school year.

We are again asking for your assistance by completing the enclosed form(s) for each student. Please return the completed survey at your earliest convenience.

Thank you for your cooperation.

If you have questions, please call Paul Vance at the Mountain Plains Regional Resource Center at (515)-271-3936.

Sincerely,

Paul C. Vance

Paul C. Vance

Vernon L. Vance

Vernon L. Vance

cc: AEA Directors of Special Education

GRIMES STATE OFFICE BUILDING/DES MOINES, IOWA 50319-0146

Iowa Behavioral Initiative

Out-of-State Placement

Follow-Up

Student: _____

Resident District (last known): _____

AEA: _____

PLEASE COMPLETE THE FOLLOWING ITEMS FOR THE ABOVE STUDENT.

1. Did the student return to school this fall?

   (Circle one) Yes No

2. If yes, is he/she still enrolled?

   (Circle one) Yes No

3. If currently enrolled, please provide the following information.

   AEA: _____ District: _____

   Building: _____

   Current placement (check one):

   General Education _____

   Special Education _____

   If special education, check the appropriate items below.

Disability:		Weighting:	
BD	_____	1.68	_____
LD	_____	2.35	_____
MD	_____	3.52	_____
Other	_____		

(Please indicate)

4. Please provide the name, address and phone number of the AEA Consultant, Psychologist, Social Worker or other support staff most familiar with this student.

_____

_____

_____

_____

(over)

5. If this student is not currently enrolled in school, please provide whatever information you can regarding his/her current status.

_____

_____

_____

_____

6. Please provide any additional information which might assist us in our follow-up efforts including the name of any persons or agencies who might be aware of this student's status.

_____

_____

_____

7. Individual completing this form:

Name: _____

Position: _____

Address: _____

Phone: _____

Your assistance is most appreciated.

Please return completed form(s) to:

Dr. Paul C. Vance
Mountain Plains Regional Resource Center
Drake University
Des Moines, Iowa 50311
Phone: 515/271-3936

Appendix C

Cover Letter
and
Survey Instrument to
Chief Juvenile Court Officers

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF EDUCATION
WILLIAM L. LEPLEY, Ed.D., DIRECTOR

October 13, 1993

John Wauters
Chief Juvenile Court Officer
Des Moines County Courthouse
513 North Main Street
Burlington, IA 52601

Dear Mr. Wauters:

Under the auspices of the Iowa Department of Education the undersigned have been contracted to determine the current status of 138 students with behavior disorders who were returned from out-of-state programs (facilities) during the 1992-93 school year. By surveying the 15 Area Education Agencies we have been able to determine the current status of 121 of these 138 BD students.

We are now seeking your assistance in locating information about the present status of the remaining 15 BD students whose present status is unknown to either the AEAs or the Department of Human Services.

It has been pointed out to us that there is a real possibility that these 15 students are known to the Juvenile court Officers in the respective Judicial Districts of their (students) residence at the time of their out-of-state placements.

Enclosed with this letter are brief questionnaires for the students whose last known residence was in your Judicial District. Would you please complete these questionnaires and return to us at your earliest possible convenience?

We have been in contact with David Boyd regarding this project: It is at his suggestion we are now forwarding these questionnaires to you for your completion.

If you have questions regarding this request, please contact David and/or Paul Vance at the Mountain Plains Regional Resource Center at 515/271-3936.

We are most appreciative of your cooperation.

Sincerely,

Paul C Vance

Paul Vance, Ed. D

Vernon Vance

Vernon L. Vance, Ph.D

cc. David Boyd (Deputy State Court Administrator, State Capitol, Des Moines, IA 50319)

GRIMES STATE OFFICE BUILDING/DES MOINES, IOWA 50319-0146

Iowa Behavioral Initiative
Out-of-State Placements
Follow-Up

Juvenile Court Placements

1. Name of juvenile:_____

2. Judicial district (last known):_____

3. Current residence/living situation:_____
_____
Address:_____
Phone:_____

4. Parent/Guardian:_____
Address:_____
Phone:_____

5. Current school status, if known:
Name of school district:_____
Name of building:_____

6. Current employment status:_____
_____

7. Marital status:_____

8. Other community agencies involved with this juvenile (DHS, Mental Health, Vocational Rehabilitation, etc.):_____
_____

9. Formal and informal procedures used by the Juvenile Courts to communicate with the schools, DHS, etc. when a student returns from an out-of-state placement:_____
_____
_____

10. Additional information or comments:_____

_____

_____

_____

_____

11. Individual completing this form:

Name:_____

Position:_____

Address:_____

Phone:_____

Your assistance is much appreciated.

Please return completed form(s) to:

Dr. Paul C. Vance
Mountain Plains Regional Resource Center
Drake University
Des Moines, IA 50311

(Self-addressed, stamped envelope enclosed for your convenience)

Appendix D

Telephone Survey Instrument

Iowa Behavioral Initiative
Telephone Survey
15 AEAs

The following questions will be discussed during our teleconference. It is our hope that you have had time to review these items prior to our call. Brief initial responses to each questions will assist us in recording your input following which there can be elaboration.

Following are a list of questions/issues to be used in the telephone survey.

1. What do you consider to be the two or three most critical issues in the field of B.D. in Iowa today?

2. What problems, if any, exist in the present referral, evaluation and placement process which are unique to the area of B.D..

3. What management strategies are most effective in programming for B.D. students?

4. Are there resources and intervention strategies which, if available in regular education, could reduce the number of B.D. students being identified and placed?

5. Within the B.D. category, what types or clusters of behavior present the greatest challenges for our schools in providing the most effective special education programming?

6. What additional information relative to the area of B.D. would be helpful to you in programming for this disability and how can this information be most effectively obtained?

7. Name an exemplary program for moderate or severe B.D. students in your AEA. What components of this program cause you to consider it exemplary?

8. Are there any other observations and/or comments you would like to express regarding the field of B.D.?

Appendix E

Critical Issues Teleconference Survey Instrument and Responses

Question 1: What do you consider to be the two or three most critical issues in the field of B.D. in Iowa today?

I. Student Characteristics

• Aggressive, assaultive, acting out	7
• Inability to generalize	2
• Drug & gang influences	2
• Truancy/non-attendance	1
• ADHD	1
• Gender discrepancy	1
• Behavior discrepancies across settings	1

II. Resource Issues

• Inadequate funding	3
• More support services	1
• Transporatation to work sites	1
• Lack of parity across state	1
• DE leadership	1

III. Family Issues

- **Breakdown of traditional family** 3
- **Need for more family involvement** 2

IV. Interagency Issues

- **More interagency collaboration** 6
- **DHS cap on out-of-state placements** 3
- **Need for community support groups** 2

V. Education Programmatic Issues

- **Lack of placement options** 5
- **Mixing of Cluster I with Clusters II & III** 5
- **Regular & special education teacher inservice on behavior management techniques** 2
- **Sensitivity training regarding inappropriate behaviors** 1

VI. Policy Issues

- **Expulsion/suspension** 6

VII. Training Issues

- **Improve training program for teachers of BD** 4

Question 2: What problems, if any, exist in the present referral, evaluation, and placement process which are unique to the area of BD?

Multiple responses:

- **BD criteria too subjective** 7
- **Lack of intervention strategies in regular education** 3
- **Suspension/expulsion policies complicate process** 2
- **Process too long** 2
- **Over-referral** 2
- **Cultural issues impacting evaluation/ placement** 2
- **Intervention strategies need standardization** 2

Question 2 (continued)

<u>Single responses:</u>

- Passive, non-aggressive student overlooked
- Initial placement too restrictive
- Professional disagreements regarding LRE
- Court decision vs. school policies
- Placement which mixes Cluster I with Cluster II & III students
- Lack of options for placement
- Placements made on observations prior to pre-referral interventions
- Inconsistent application of criteria
- Over representation of minorities
- Legality of expelling BD substance abusers
- Too many professionals involved in process
- Lack of interagency collaboration
- Attitudinal difference between elementary & secondary behavioral deviation

Question 3 : What management strategies are most effective in programming for B.D. students?

Multiple Responses:

- **Boys' Town Model** 8
- **Total systems approach** 7
- **Two-way teacher/student contracts** 3
- **Dubuque Management System** 2
- **Positive reinforcements** 2
- **Social skills training** 2
- **Cognitive approach** 2
- **Individual counseling** 2
- **Eclectic approach** 2

Question 3 (continued)

<u>Single Responses</u>

- Applied Behavioral Analysis
- Class size
- Crisis intervention
- Family intervention systems
- Alternative schools
- Pro-active approach
- Support staff one-on-one
- Self-control systems
- Memory training
- Psycho-educational model

Question 4: Are there resources and intervention strategies which, if available in regular education, could reduce the number of BD students being identified and placed?

Multiple Responses:

- **In service training for regular education in intervention strategies** 4
- **Sensitivity training in acceptance of atypical behaviors** 2
- **Leader assistance teams** 2
- **More school social workers & other support staff** 2
- **Behavior contracts between students & teachers in general ed** 2
- **Interagency cooperation** 2

Question 4 (continued)

Single responses:

- Better coordinations between teachers/ counselors in crisis management
- Greater parent involvement
- Early childhood training for parents
- Apply special education strategies in general education
- Use of support staff in early intervention
- Itinerant intervention teachers
- Use "At Risk" resources
- Staff development for regular educators
- Smaller regular class size
- Structure environment to accommodate diverse behaviors
- School-wide disciplinary plan
- Training for better communication between parents & school
- Interventions at earlier age
- Team teaching regular teachers/sp.ed. teachers
- Handbook of intervention strategies for teachers
- More relevancy in curriculum content
- APL (social & values) skills training
- Alternative schools options
- Conflict management model
- More program flexibility

Question 5: Within the BD category, what types or clusters of behavior present the greatest challenges for our schools in providing the most effective special education programming?

Multiple Responses

- **Cluster I - aggressive, assaultive, acting out** 15
- **Clusters II & III - withdrawn, anxious, clinical ED** 14

Single Responses

- **Physically & emotionally abused**
- **Autistic behaviors**
- **Substance abuse**
- **School attendance/truancy**

Question 6: What additional information relative to the area of B.D. would be helpful to you in programming for this disability and how can this information be most effectively obtained?

Multiple Responses

- **Model programs** 5
- **Manual/handbooks on behavior management** 2
- **Suspension/expulsion** 2
- **Crisis intervention** 2
- **Managing Cluster I behaviors** 2
- **Inservice training on programming for BD** 2

Question 6 (continued)

Single Responses

- Alternative schools
- Clusters II & III
- Transitioning
- Creative intervention strategies
- Pre-referral intervention strategies
- Curricular adjustments for BD
- Clarify criteria for each Cluster
- Mainstreaming
- "Life-based" education
- "At Risk" students
- Behavior management for all students
- System technologies

Question 7: Name an exemplary program for <u>moderate</u> or <u>severe</u> B.D. students in your AEA. What components of this program cause you to consider it exemplary?

<u>Components</u>

<u>Multiple Responses</u>

• School/home/agency collaboration	6
• Quality teacher	5
• Availability of support services	5
• Problem solving building teams	3
• Strong administrative support	3
• Vocational program	3
• Small pupil/teacher ratio	3
• High degree of structure	3
• Total systems approach	2

Question 7 (continued)

Single Responses

- On-going staff development
- On-going program evaluation
- Non-judgmental environment
- Non-threatening
- Communication between regular & special education teachers

Question 8: Are there any other observations and/or comments you would like to express regarding the field of BD?

Multiple Responses:

- **More collaboration with DHS & medical community** 5
- **More active role on part of DE** 3
- **More parent training** 3
- **Increasing numbers of severe BD in younger students** 2
- **Need to review suspension/expulsion policies** 2
- **Released time for staff development on BD issues** 2
- **Need action for change - not just "another study"** 2

Question 8 (continued)

Single Responses:

- Mixing Cluster I & Clusters II & III BD students in same class
- Need more comprehensive student evaluation before placement decisions
- Universities need to provide more behavior management training
- BD most difficult area of special education
- Need more cooperation between general education & special education
- Need to standardize IEP goals/objectives for BD students
- Better exit criteria on IEPs for BD students
- More BD course work in teacher training programs
- BD teachers feel isolated
- More psycho-therapy in school setting
- Need more support staff
- Need better role differentiation for professionals in BD
- Concern for physical safety of others in integrated BD settings
- More/better information related to BD issues for decision makers
- Need help in differentiating normal behavior deviations & BD
- Better evaluation guidelines at pre-school level
- In-service training for teachers in behavior management

Appendix F

Out-of-State Facilities 1991-92

Out of State Facilities
1991-1992

Abbott House Inc.
1109 West Unviersity
P.O. Box 1085
Mitchell, SD 57301
605/996-2486

Albert Lea Public Schools
211 W. Richway Drive
Albert Lea, MN 56007
507/373-3389
(Fountain Lake Treatment Center)

Anoka ISD 15
3325 Bridge Street
St. Francis, MN 55070
(Bar None)

Beresford School District 61-2
301 West Maple
Beresford, SD 57004-2196
605/763-5012

Boys Town
132 & West Dodge Road
Boys Town, NE 68131

Center on Deafness
10100 Dee Road
Des Plaines, IL 60016
312/297-1022

Chileda Institute, Inc.
1020 Mississippi Street
P.O. Box 2799
La Crosse, WI 54601
608/782-6480

Crippled Children's Hospital & School
2501 West 26th Street
Sioux Falls, SD

Devereux Foundation
120 Wade Drive
Victoria, TX 77902
512/575-8271
1-800-367-6832

Eau Claire Academy
550 North Dewey Street
P.O. Box 1168
Eau Claire, WI 54702-1168
715/834-6681

Epworth Village
P.O. Box 503
21st and Division Ave.
York, NE 68467
402/362-3353

Gateway High School
1300 South Sable Blvd.
Aurora, CO 80012
303/755-7160

George Junior Republic of PA
Grove City School District
Box 471
Grove City, PA 16127

Gerard of Minnesota
P.O. Box 715
Austin, MN 55912
507/433-1843

Gibault School
Terre Haute, IN

Glen Mills School
Glen Mills Road
Concordville, PA 19331
215/459-8100

Hennipen County Home School
Minnetonka, MN

High Plains Youth Center Rebound Program
Brush, CO
303/842-5181 (Brush)
800/444-9717 (Denver)

Homme Home
Wittenberg, WI 54499
715/253-2116
School on campus and in Wittenberg-Birnumwood CSD

Immanuel Mental Health Center
6901 N. 72nd St.
Omaha, NE 68122
402/572-2916 (2932)

Laura Baker School
211 Oak
P.O. box 611
Northfield, MN 55057

Mayo Clinic Adolescent Unit
Rochester, MN

McCrossan Boys Ranch
RR 4, Box 19
Sioux Falls, SD
605/339-1203

Missouri River Adolescent Development Center
West 16th Street
Box 367
Chamberlain, SD 57325
605/734-5525

Missouri River Adolescent Development Center
709 6th Street
P.O. Box 485
Springfield, SD
605/369-2585

Moline Comm. Schools
Moline, IL

Nebraska School for Visually Impaired
824 10th Ave.
P.O. Box 129
Nebraska City, NE 68410
402/873-5513

Nexus, Inc.
5915 Eden Prairie Road
Minnetonka, MN 55345
612/934-4000

Oconomowoc Development Training Center
36100 Genesee Lake Road
Oconomowoc, WI 53066

Richard Young Hospital
Omaha, NE

Rochester Independent Community School District
615 7th Street S.W.
Rochester, MN 55902
507/285-8999
Hospital/Homebound to:
St. Mary's Rehabilitation Center (not Adolescent Unit)
Mayo Clinics (not Adolescent Unit)

Sioux Falls Children's Home
(Formerly Children's Home Society)
801 North Sycamore Drive
Sioux Falls, SD 57103-6602
605/334-6004

Sioux Falls Public Schools
Sioux Falls, SD
605/331-7956
(Charter Hospital; McKennan Hospital;
Threshold Services; Summit Oaks)

Sky Ranch for Boys
Sky Ranch Lane
Sky Ranch, SD 57724
605/797-4422
(See also, Wingspread)

St. Joseph Institute for the Deaf
1483 82nd Blvd
St. Louis MO 63132

St. Mary's Hospital, Adolescent Unit
1216 Second Street S.W.
Rochester, MN 55902
507/285-5561

St. Peter ISD #508
803 Davis Street
St. Peter, MN 56082
(Leo Hoffman Center)

Uta Halee Girls Village Home
10625 Calhoun Road
Omaha, NE 68112
402/453-0803

Willowglen Academy, Central, (4 facilities)
3400 W, Wisconsin Ave
Milwaukee, WI 53208
414/342-1900

Wyalusing Academy
601 S. Beaumont Road
P.O. Box 269
Prairie du Chien, WI 53821
608/326-6481

Yellowstone Education Center
Yellowstone Treatment Center
1732 South 72nd Street West
Billings, MT 59106-3599
406/656-3001